



CALCASIEU PARISH ACCESSORY BUILDING CHECKLIST

(For more information call 721-3610)

Permit Official _____

APPLICANT: _____

LOCATION / ADDRESS OF PROPERTY: _____

INFORMATION NEEDED TO OBTAIN DEVELOPMENT, ELECTRICAL, PLUMBING & GAS PERMIT FOR ACCESSORY BUILDING

1. _____ **HEALTH UNIT APPROVAL** -(for plumbing, if applicable call 337-478-6020 ext. 6030)
2. _____ **PROOF OF OWNERSHIP WITH LEGAL DESCRIPTION OF PROPERTY** (filed cash deed or tax assessment)
3. _____ **STATE FIRE MARSHAL APPROVAL LETTER & COPIES OF STAMPED PLANS** (for Commercial Accessory Buildings only—1-800-256-5452)
4. _____ **SQUARE FOOTAGE** (_____) 5. _____ **COST OF DEVELOPMENT** (estimated)
6. _____ **NUMBER OF ELECTRICAL CIRCUITS** (8 min.) **UTILITY COMPANY** (_____)
7. _____ **NUMBER OF PLUMBING FIXTURES** _____ **GAS FIXTURES** _____ (if applicable)
8. _____ **BUILDING PLANS**—(where & when applicable)—(Commercial Accessory Buildings are required to submit full building plans with foundation regardless of size of building)
 - Agricultural Use** (livestock, farm equipment, hay, etc...), **Agricultural Zoning?** ____ YES ____ NO (If yes, then exempt from compliance with building codes,—exemption also applies to pre-engineered buildings for **Ag use only**)
 - Pre-Engineered Building??** ____ YES ____ NO (If yes, then stamped foundation plan is required to be submitted for permitting.)—Residential zoning.
 - Plan Review [NOT REQUESTED]** (if this option is chosen, customer is responsible for compliance with all applicable codes)—Residential Zoning.
 - Plan Review [REQUESTED]** (\$50.00 plan review fee)—Residential zoning.
9. _____ **GRADING PLANS, if applicable.** (showing Storm Water erosion & sediment control measures--Best Management Practices, existing & proposed drainages , waterways, culverts, yard drains, catch basins—see **sample plan & checklist**)
10. _____ **CONTRACTOR INFORMATION OR HOMEOWNER AFFIDAVIT**
11. _____ **SITE PLAN** (to include all **new** and **existing** structures on property with distances of these from property lines)
12. _____ **ELEVATION CERTIFICATE** (if applicable)

**** NOTE: IN SOME CASES, ADDITIONAL INFORMATION MAY BE REQUIRED. ****

REQUIREMENTS FOR (RESIDENTIAL) ACCESSORY USES:

Buildings **shall not** exceed the following: (**Excludes A-1 zoning**)—unless otherwise stated in Subdivision Restrictions.

- 0 to 1.99 Acres:** 2,000 square feet maximum
- 2 to 3.99 Acres:** 3,500 square feet maximum
- 4 acres & up:** No square feet maximum

- Building **may not** be built less than three (3) feet from **side** and **rear** property lines.
- Building **may not** be built less than sixty (60) feet from **front** property line.
- Building **shall not** exceed seventeen (17) feet in **height**. (Excludes A-1 zoning)

**** ----- PERMIT OFFICE USE ONLY -----****

ZONING CLASS (_____) **WIND ZONE:** (_____) **FLOOD ZONE** (_____)

TEMP POLE (YES or NO) **SEPARATE METER BASE** (YES or NO)

APPLICANT'S SIGNATURE

DATE